04860

4893 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5401 Riverdale Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5401 - Riverdale Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Louise Allen	5 - 7 - 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Wid.	Feb 21, 1870	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Christian Science Practitioner		Washington D.C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jacob Eccholz	Dorothea Mehrling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	Miss Elizabeth Corkins Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Exhaustion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Myocarditis & nephritis	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-7-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
CREMATION	5/11/55	CEDAR HILL CREATORY	SUITLAND MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 7 1955	Mrs. Jas. Dewees Deputy Registrar	W. W. CHAMBERS	Co-RIVERDALE Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

4892

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04881 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY 47 x 3
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington D.C
STREET ADDRESS (If rural, give location) 1809 Monroe St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Patterson (Last) Allsworth

4. DATE OF DEATH (Month) May (Day) 22nd (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	Wid	7-10-877	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Painter	Bu. Painting Ingrain	Mississippi	U.S.A.

13. FATHER'S NAME: John Allsworth

14. MOTHER'S MAIDEN NAME: Maud (Maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mrs. Katherine Maloney - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
904.0 Immediate cause	(a) Cerebral compression	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Subdural hemorrhage	
	DUE TO (c) Fall in home	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) Washington, (County) DC (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-16-55 A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Fall in home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 5-22-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/25/55	Fort Lincoln Cem.	College Haven Rd Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/23/55	Amanda Denney	W.W. Commons Co - Riverdale Md	

This body is released to District of Columbia authorities who will conduct their own investigation.

John D. Maloney, M.D.

5/22/55

Released to the State of Maryland.

P. M. Boucherg MD

Acting Coroner

4893

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04882 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6829 - Roosevelt Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Andrew	Augustine	5-23-55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	1-28-19	36 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Barber	Barber	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Augustine	Julia Barksanda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Father - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

330 X

Immediate cause (a) Cerebral Compression — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Subarachnoid Hemorrhage — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
None		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-23-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/25/55	Cedar Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/24/55	Amanda Downey	Francis Gasch's Sons - Hyattsville, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

04883

MARYLAND

STATE DEPARTMETT OF HEALTH

4894

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 217 9th Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 217 9th St.

3. NAME OF DECEASED (Type or Print) (First) Ira (Middle) L. (Last) BEALL

4. DATE OF DEATH (Month) 5 (Day) 7 (Year) 53

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Jan 12 1880

9. AGE last birthday 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist

10b. KIND OF BUSINESS OR INDUSTRY B & O R.R.

11. BIRTHPLACE (State or foreign country) Howard Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Philip L. Beall

14. MOTHER'S MAIDEN NAME Ann E. Pedo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Melvin Marks, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	5 days.
Antecedent cause(s)	(b) Myocardial Failure	5 Wks.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized Arteriosclerosis	5 Yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis. 10 Yrs.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1938, to 5/7, 1953, that I last saw the deceased alive on 5/6, 1953, and that death occurred at 5:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. Warren M.D. ADDRESS Laurel Md DATE SIGNED 5/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE May 9 1953 NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery LOCATION (City, town, or county) Laurel (State) Maryland

DATE REC'D BY LOCAL REG. May 9-53 REGISTRAR'S SIGNATURE M. Broadbay

24. FUNERAL DIRECTOR DeWitt Davidson ADDRESS Laurel, Md

04884

MARYLAND — **STATE DEPARTMETT OF HEALTH**

4929 **CERTIFICATE OF DEATH** Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Prince George — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Hill — MARYLAND LENGTH OF STAY (in this place): 7yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 01

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince Geo. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Hill — STREET ADDRESS (If rural, give location): 3713 Audrey Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JESSE	LOUISE	BRIGHTMAN	MAY	12TH	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Female	white	Married	11/27/74	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Washington dc	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Irvin McIntosh	Mary Lavasca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S NAME AND ADDRESS
No	None	None	Mrs. Jesse Brightman 3713 Audrey P.l. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	cerebral hemorrhage	days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	cardio-vascular-renal disease	6 yrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ / Not While At work ☐	HOW DID INJURY OCCUR?
—			m.	—	—

22. I hereby certify that I attended the deceased from 10/7/36, 19..., to 5/12/55, 19..., that I last saw the deceased alive on 5/12, 1955, and that death occurred at 4 55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robt. J. Bosworth, M.D.	811-8-N.E.	5/12/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/14/55	Cedar Hill	Suitland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 12, 55	Carrie Campbell	W.W. Chandlee Co.	5/7 11th St. S.E. Dc.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04885

4895

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 22 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carol Hills
STREET ADDRESS (If rural give location) 1405 Bonne Hill Rd.

3. NAME OF DECEASED: (Type or Print) (First) Rodney (Middle) (Last) Broadwater

4. DATE OF DEATH: (Month) 5 (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 4-8-41

9. AGE last birthday 14 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minor

10B. KIND OF BUSINESS OR INDUSTRY: minor

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Broadwater

14. MOTHER'S MAIDEN NAME: Virginia Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 398-

17. INFORMANT & ADDRESS: Virginia Broadwater Carol Hills Md. 1405 Bonne Hill Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Subdural Hematoma — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

DUE TO

ANTECEDENT CAUSE (B) Traumatic - Head Injury

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1953 to 5/24, 1953 that I last saw the deceased alive on 5/24, 1953, and that death occurred at 12:50 P.M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS 6124 Central Ave. Capitol Hts. DATE SIGNED 5/24/53

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/27/53 | NAME OF CEMETERY OR CREMATORY Washington Memorial Gardens | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 5/25/53 | REGISTRAR'S SIGNATURE Amanda Dorsey

24. FUNERAL DIRECTOR [illegible] ADDRESS

4896

04886

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4625 - Baltimore Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Earl (Last) Brotherton

4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug 29 1939

9. AGE last birthday: 15 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School-boy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Brotherton

14. MOTHER'S MAIDEN NAME: Hazel Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral concussion & contusion

DUE TO

(c) Fractured skull

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street

21c. (City or town) Hyattsville - Pr. Geo. (County) (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 5 - 6 - 55 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Struck by auto while riding bicycle

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5 - 11 - 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5/12/55

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. 5/12/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Leach & Son

ADDRESS Hyattsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04887

4897

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 41
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 5th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 41
STREET ADDRESS (If rural give location) 105 5th St

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Maurice (Last) Branning Sr.

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 21 1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: signal maintainer

10b. KIND OF BUSINESS OR INDUSTRY: B & O R R

11. BIRTHPLACE (State or foreign country): Laurel Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Branning

14. MOTHER'S MAIDEN NAME: Margaret Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Wilbur M. Branning Jr. Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction, Ant. Acute DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerotic heart disease DUE TO

(c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on 5/21, 1955, to , 19 , that I last saw the deceased alive on 5/21, 1955, and that death occurred at on 5/23/55 12 30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank L. Weaver, M.D. Laurel Md 5/25/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 25 1955

NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery

LOCATION (City, town, or county) (State) Laurel Md

DATE REC'D BY LOCAL REGISTRAR May 25 - 55

REGISTRAR'S SIGNATURE M. Brasketeer

24. FUNERAL DIRECTOR DeWitt Donaldson ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

4930

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04888

CERTIFICATE OF DEATH

Reg. Dist. No. 242

Item 8, Fil'n G182 6-14-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) X Farmont Heights — LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights X
STREET ADDRESS (If rural give location) 709 - 61st Avenue

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Arthur (Last) Campbell

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 20, 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired) Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Phillip Lloyd 709 - 61st Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval Between Onset And Death: 1 year

420.0

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — ?

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1955, to 5/29, 1955, that I last saw the deceased alive on 5/24, 1955, and that death occurred at 11:20 AM, from the causes and on the date stated above.

SIGNATURE Stanley R. Lloyd (Degree or title) M.D. ADDRESS 61 K St. N.W. DATE SIGNED 5/29/55

23. BURIAL, CREMATION, REMOVAL (Specify) — **DATE THEREOF** May 31 55 — **NAME OF CEMETERY OR CREMATORY** — **LOCATION** (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR May 29, 55 — **REGISTRAR'S SIGNATURE** Carrie Campbell

24. FUNERAL DIRECTOR Henry S. Washington & Sons — **ADDRESS** 467 N. St. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

4886

2411 N. Charles Street, Baltimore

04983

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier; LENGTH OF STAY (in this place) 16 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; STREET ADDRESS (If rural, give location) 1401 Allison #3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLIFFORD	ADELBERT	CHARLAND	MAY	4	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		JULY 8, 1902	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ELEC. CONSTRUCTION	CONSTRCTN	MICHIGAN	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALEXIS CHARLAND	JENNIE GAZETTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	362-05-6431	NEIL CHARLAND - MT RAINIER, MD - SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	1 HOUR
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY ARTERIOSCLEROTIC HEART DIS.	2 YRS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from MAY 1, 1953, to MAY 4, 1955, that I last saw the deceased alive on MAY 4, 1955, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel J. Mc Sugar	MD	Mt. Rainier, Md	May 4, 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/6/55	Mt. Olivet	Washington, D.C.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 4 1955	Mrs. Jos. Severe	Wellington Funeral Home, Inc	3200 Rhode Island Ave Mt. Rainier, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04890

4893

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1 PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Maryland
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Landover, Maryland
STREET ADDRESS (If rural give location) E. Columbia Park

3. NAME OF DECEASED: (Type or Print) (First) Bill (Middle) (Last) Compton

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 19 55

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Jan. 8, 1918 | 9. AGE last birthday 37 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grill Keeper
10B. KIND OF BUSINESS OR INDUSTRY: Prince Georges Golf Club
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Compton
14. MOTHER'S MAIDEN NAME. Stella Tolliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records, Cheverly Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
581.1 IMMEDIATE CAUSE	(A) GASTRO INTESTINAL HEMORRHAGE	2 DAYS
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Ruptured Esophageal Varices	3 mos.
	DUE TO (C) Cirrhosis of the Liver	6 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. L'Aennec's

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1955 to 5/16, 1955, that I last saw the deceased alive on 5/15, 1955, and that death occurred at 10 A M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS 3503 Bunker Hill Rd. Mt Rainier Md DATE SIGNED 5/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 19 1955 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR 5/18/55 | REGISTRAR'S SIGNATURE Amanda Denney | 24. FUNERAL DIRECTOR F Gracia Sons ADDRESS Hyattsville, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4899 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04891

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. — LENGTH OF STAY (In this place) 20hrs. + 25min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location) Box 178

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Crawford
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1955

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 5/14/55
9. AGE last birthday — yrs. IF UNDER 1 YEAR: Months —, Days — IF UNDER 24 HRS.: Hours 20, Min. 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Crawford.
14. MOTHER'S MAIDEN NAME: Hattie Chew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: mother - as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

764.2
IMMEDIATE CAUSE (A) Atelectasis
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Prematurity
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14, 1955, to 5/15, 1955, that I last saw the deceased alive on 5/15, 1955 and that death occurred at 8:45 A.M., from the causes and on the date stated above.
SIGNATURE John W. Perkin M. D. ADDRESS 5301 Hamilton St, Hyattsville, Md. DATE SIGNED 5/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 5/18/55
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 5/18/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Adam D Penn Jr
ADDRESS Hyatt

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04892

49-0

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanorly, Md
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood, Md. - X
STREET ADDRESS (If rural give location) 4401 - 40th Street -

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) FRANCIS (Last) Daly
4. DATE OF DEATH (Month) May (Day) 21, (Year) 19 55
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH 11 - 6 - 78
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME MARGARET HANLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: Statistic Card -

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Metastatic Carcinoma
DUE TO
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Carcinoma of the Bladder
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Tuberculosis

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 May, 1955, to 20 May, 1955, that I last saw the deceased alive on ____, 19__, and that death occurred at 6 = A M, from the causes and on the date stated above.
SIGNATURE Henry R. Walla ADDRESS M.D. 5603 Hillcrest Hts. Dr. DATE SIGNED 5/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 5/23/55
NAME OF CEMETERY OR CREMATORY FORT LINCOLN
LOCATION (City, town, or county) (State) COLMER MANOR, Md.
DATE REC'D BY LOCAL REGISTRAR 5/21/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS W. W. CHAMBERS CO. - RIVERDALE, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04893

4991

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 162 Lafayette Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 162 Lafayette Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Spalding (Last) Davis

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: October 17 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: station agent

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Railroad

11. BIRTHPLACE (State or foreign country): Frederick Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Davis

14. MOTHER'S MAIDEN NAME: Frances Spalding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Frances Medley, New Market Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

191X

Immediate cause (a) Hypertensive Heart disease — Interval Between Onset And Death: 2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cavernous Bladder - Hypertension — Interval Between Onset And Death: 2 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26 ..., 19 55, to 5/4, 19 55, that I last saw the deceased alive on 5/4, 19 55, and that death occurred at 4:45 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B Eastwood 314 Compton Ave Laurel 5/6/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 7, 1955

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REGISTRAR May 6-55

REGISTRAR'S SIGNATURE H. Brashears

24. FUNERAL DIRECTOR Leo Keith Donaldson ADDRESS Laurel Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04894

4887

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3006-Arundel Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 3006-Arundel Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Francis (Last) Decker

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7/29/1891

9. AGE last birthday: 63 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired): Stripping Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Ramsdell Co.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Decker

14. MOTHER'S MAIDEN NAME: Pierre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-05-7151

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Myocardial Infarction sup.	1 hr.
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerotic Heart Disease	Ab. 3 yrs
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —0—

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1954 to May, 1955, that I last saw the deceased alive on May 4, 1955, and that death occurred at 4P. M. from the causes and on the date stated above.

SIGNATURE Ralph L. Patten M.D. ADDRESS 8641 Colesville Rd Silver Spring Md DATE SIGNED May 5 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/7/55

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR May 7 1955

REGISTRAR'S SIGNATURE James Geary

24. FUNERAL DIRECTOR Hallie P. Bunnell Funeral Home, Inc. ADDRESS 3200 R.I. Ave. Mt. Rainier, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4992

04895
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY P.G. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chillum
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fairmount Heights
STREET ADDRESS 5900 3 St. (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Daniel O Dunlap	5 22 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	colored		17 April	47 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Const. Bldg.	S. C.	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Dunlap.	Lonie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no. —	Unk.	Roetta Moore Cedar Heights, Md. 6411 Sheriff Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage & shock -	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Laceration of abdominal aorta	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street	21c. (City or town) (County) (State) Fairmount Hts-Pr Geo- Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-22-55 M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Pedestrian-Struck by automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Malone (Hyattsville, Md.) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM ☐
DATE SIGNED 5-23-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5/23/55	467-N-St.	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/23/55	Amanda Downey	H. S. Washington & Son	Washington D.C.

4931 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04896

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural) — LENGTH OF STAY (in this place) 11 mos., & 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47 x 3
STREET ADDRESS (If rural, give location) 1216 E. Cap. St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Ellis.

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1955

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.

8. DATE OF BIRTH: 6-4-1892

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ellis

14. MOTHER'S MAIDEN NAME: Ella Holtzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Decedent.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchogenic Carcinoma Left Lung — Interval between onset and death: 7 mos.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

(Occ. X)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 1 year

19a. DATE OF OPERATION: X **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11-54 19..... to 5-22 ..... 19 55, that I last saw the deceased alive on 5-22 ..... 19 55, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Daniel Leo Finucane M.D. Glenn Dale Hospital Glenn Dale, Md. 5/22/55

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 5/23/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington, D.C.

DATE RECD BY LOCAL REG. 5/24/55 — REGISTRAR'S SIGNATURE — **24. FUNERAL DIRECTOR** — ADDRESS
Walter Brooks by 816 H St. N.W. D.C.

No 37 Rinaldi Funeral Home

4932

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 04897

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Suitland | LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4798 Silver Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 4798 Silver Hill Rd

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Florio
4. DATE OF DEATH (Month) May (Day) 29 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	July 8, 1886	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Grocery	Retired	Italy	U. S. A

13. FATHER'S NAME: Paul Frank Florio
14. MOTHER'S MAIDEN NAME: Frances Raimondo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	none	Mrs. Mary Florio, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) acute Congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D Bond M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 5-29-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-2-1955	Cedar Hill	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
[illegible]	[illegible]	W. W. Chambers Co - Washington, DC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04898

49 3

CERTIFICATE OF DEATH

Reg. Dist. No. 2345

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
   COUNTY Prince Georges — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 25 Riverdale
   LENGTH OF STAY (in this place) 24 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 76 Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE — COUNTY D.C.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
   STREET ADDRESS (If rural give location) 7300 Gateway Blvd., District Hgts.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Menna Elsie (Last) Fuchs

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1955

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 28, 1873

9. AGE last birthday: 81 yrs
   IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS. Charles E. Fuchs 7300 Gateway Blvd. District Hgts. Washington 28, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) General arteriosclerosis — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 15, 1955 to May 9, 1955, that I last saw the deceased alive on May 9, 1955, and that death occurred at M. from the causes and on the date stated above.

SIGNATURE L W Malin M. D. ADDRESS Riverdale Md. DATE SIGNED 5-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 5-12, 1955 — NAME OF CEMETERY OR CREMATORY: Washington Natl — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 10, 1955 — REGISTRAR'S SIGNATURE: Mrs Jas Deverell Deputy Registrar

24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: Washington, D. C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04899

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 38
STREET ADDRESS (If rural give location) 6217 Forest Road. 1

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) ALBERT (Last) Gessner
4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7/13/1908
9. AGE last birthday 46 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milkman
10B. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis F. Gessner
14. MOTHER'S MAIDEN NAME: Minnie Sinks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) 20
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 IMMEDIATE CAUSE (A) Adenocarcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1955, to 5-18, 1955, that I last saw the deceased alive on 5-17, 1955, and that death occurred at 11:25 A.M, from the causes and on the date stated above.

SIGNATURE K. B. Barnes M.D. ADDRESS Hyattsville, Md. DATE SIGNED 5-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5/21/55
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5/20/55
REGISTRAR'S SIGNATURE Amanda A. Carney
24. FUNERAL DIRECTOR F. Gascho Sons ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 4900

4883

CERTIFICATE OF DEATH

Reg. Dist. No. 10345

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Sacred Heart Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural give location) 5805 Queens Chapel Rd

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Roberta (Last) Green

4. DATE OF DEATH: (Month) May (Day) 10, (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1871
9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francis B. Green
14. MOTHER'S MAIDEN NAME: Virginia L. Wood

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs Stephen Latchford Washington DC.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 10 days
DUE TO
252.0

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hyperthyroid heart disease — 7 years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7 1943, to May 10, 19 55, that I last saw the deceased alive on May 9, 1955, and that death occurred at 11:00 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas Kelly — ADDRESS 322 H Street, N. E. — DATE SIGNED 5/10/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/12/55 — NAME OF CEMETERY OR CREMATORY St Joseph's — LOCATION (City, town, or county) Pomfret (State) md

DATE REC'D BY LOCAL REGISTRAR 5/12/55 — REGISTRAR'S SIGNATURE Julia M Bailey — 24. FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf md

Mr. Jas. Steele KB

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

4882

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04983 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 765

1. PLACE OF DEATH:
COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1510 Madison St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 1510 Madison St

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Lee (Last) Harlow

4. DATE OF DEATH (Month) 5 (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: Sept 14 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Storekeeper, retired U.S. Govt.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-34-4155

17. INFORMANT & ADDRESS: Mrs Georgia T Brockenton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

163X

Immediate cause (a) Exhaustion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pulmonary hemorrhage & toxemia DUE TO (c) Carcinoma of lung.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Mahoney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5-9-55

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Lanham, Maryland

DATE RECD BY LOCAL REG May 6 1955

REGISTRAR'S SIGNATURE James Esdevey

24. FUNERAL DIRECTOR W. W. Chapman Co.

ADDRESS 5711 Rhode Island Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

4933

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 049043

Item 9, Film G182, 6/9/55 fcy

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Glenn Dale (rural)
LENGTH OF STAY (in this place): 8 mos., & 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1817 5th St., N. W.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
ROMEO D. HARRIS	5 / 30 / 1955	Male	Negro	Widowed	1/7/1900	55 yrs.	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter	Federal Government	Washington, D. C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John T. Harris	Mildred ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 002X Pulmonary Tuberculosis	9 months
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 4/29, 19 54, to 5/30, 19 55, that I last saw the deceased alive on 5/30, 1955, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Finucane (DEGREE OR TITLE) M.D. ADDRESS: Glenn Dale Hospital, Glenn Dale, Maryland DATE SIGNED: 5/30/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5/31/55		Washington D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/30/55	[illegible]	Henry S. Washington Sons	467-7th St. N.W.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4934 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04995

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 3 months and 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1119 Morris Road, S. E. 47X-3 ✓

3. NAME OF DECEASED: (First) Lucille (Middle) (Last) Hawkins

4. DATE OF DEATH: (Month) May (Day) 1st. (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/10/1914

9. AGE last birthday: 41 yrs.
IF UNDER 1 YEAR: Months - Days -
IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Madison, Ga.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amos Collins

14. MOTHER'S MAIDEN NAME: Lutishia Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: 579-32-9591

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchogenic Carcinoma Rt. Lung — INTERVAL BETWEEN ONSET AND DEATH: 11 mos.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 28 19 55, to May 1st. 19 55, that I last saw the deceased alive on May 1st. 19 55, and that death occurred at 11 a. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Daniel Lee Finucane M.D. Glenn Dale Hospital Glenn Dale, Md. 5/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5/5/55

NAME OF CEMETERY OR CREMATORY Arlington Nat. Cemetery

LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 5/2/55

REGISTRAR'S SIGNATURE Mol Wren

24. FUNERAL DIRECTOR ADDRESS

Malvan and Lehey Inc. New Jersey Ave N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04906

: 4995

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly, Maryland
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7704 Frederick Road X
STREET ADDRESS (If rural give location) West Lanham, Md.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Himelright
4. DATE OF DEATH: (Month) May (Day) 11, (Year) 19 55

5. SEX: M
6. COLOR OR RACE: W
7. (SINGLE) MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: May 11, 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 12 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Himelright, Curtis
14. MOTHER'S MAIDEN NAME: Rock, Alorine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: mother, as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 762.5	(A) Bilateral pulmonary atelectasis	6 hr.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Prematurity	12 hr.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11 , 1955, to 5-11 , 1955, that I last saw the deceased alive on 5-11 , 1955, and that death occurred at 5:30 M, from the causes and on the date stated above.
SIGNATURE R D Bowers M.D. M. D.
ADDRESS Hyattsville, Md. DATE SIGNED 5-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 5/18/55
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 5-18-55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Henry W Penn Jr
ADDRESS Supt

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

04907

MARYLAND — STATE DEPARTMETT OF HEALTH

4889

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 75 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 3rd Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 113 - 3rd AVE.

3. NAME OF [redacted] (Type or Print): (First) GEORGE (Middle) WILLIAM (Last) HOLLOWELL

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 6, 1892

9. AGE last birthday: 63 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Builder

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Lousonville, North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: J. W. Hollowell

14. MOTHER'S MAIDEN NAME: Betty Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 579-18-7823

17. INFORMANT AND ADDRESS: Edith L. A. Hollowell, 113 3rd Ave. T.P. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1
Immediate cause (a) Carcinoma of Liver, with metastasis to Lung.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 8-12 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1955, to 16 May, 1955, that I last saw the deceased alive on 16 May, 1955, and that death occurred at 10 20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. B. Cullen M.D. 7112 Willow Ave Takoma Park. Md 16 May 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 19, 1955 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery | LOCATION (City, town, or county) (State): Prince Geo. Co. Md

DATE REC'D BY LOCAL REG.: May 17, 1955 | REGISTRAR'S SIGNATURE: James Percy

24. FUNERAL DIRECTOR: J. Arthur Walters, 254 Carroll N.W. Takoma Park D.C. | ADDRESS

MARGIN RESERVED FOR BINDING

05865

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton 15X-12
STREET ADDRESS (If rural give location) 11810 Valleywood Drive

3. NAME OF DECEASED: (Type or Print) (First) Male (Middle) (Last) Jones

4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5/31/55
9. AGE last birthday ____ yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 2 Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10B. KIND OF BUSINESS OR INDUSTRY: unemployed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Jones
14. MOTHER'S MAIDEN NAME: Margaret Engel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1625 IMMEDIATE CAUSE (A) Atelectasis

ANTECEDENT CAUSE (B) DUE TO Immaturity - 24 weeks gestation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31, 19 55, to 5/31, 19 55, that I last saw the deceased alive on 5/31, 1955, and that death occurred at 1:35 P.M., from the causes and on the date stated above.

SIGNATURE Louis H. Mordy, Jr. M.D. ADDRESS 918 Ellsworth Drive S.S. Md. DATE SIGNED 6-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 6/15/55
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/1/55
REGISTRAR'S SIGNATURE Brenda Downey
24. FUNERAL DIRECTOR Harry W Pierce Jr
ADDRESS Dept

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04999

4888

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH.
COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 16
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3202 Bunker Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 3202 Bunker Hill Road.

3. NAME OF DECEASED: (Type or Print) (First) TIMOTHY (Middle) (Last) KANE

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug 27 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber.

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Government.

11. BIRTHPLACE (State or foreign country): Ireland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Kane.

14. MOTHER'S MAIDEN NAME: Bridget Ready.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Mary Kane. 3202 Bunker Hill Road

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.
442 x
IMMEDIATE CAUSE (A) Chronic cardio vascular renal disease
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 19 54, to May 12, 19 55, that I last saw the deceased alive on May 9, 19 55, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE Robert C. [illegible] M.D. ADDRESS 3511 Rhode Island Ave Hyattsville DATE SIGNED May 12 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial. DATE THEREOF May. 16th 1955 NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery LOCATION (City, town, or county) (State): Ward D.C.

DATE REC'D BY LOCAL REGISTRAR: May 13 1955 REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy Registrar

24. FUNERAL DIRECTOR: T. F. Costello ADDRESS: 1722 North Cap. St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

4996

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04910

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant, Md.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood, Maryland
STREET ADDRESS (If rural give location) 3600 Tilden Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Kaye

4. DATE OF DEATH: (Month) May (Day) 7th (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W		11/10/1884	70 yrs.	5	27		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Captain
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Dept.
11. BIRTHPLACE (State or foreign country): New York City N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Galbraith
14. MOTHER'S MAIDEN NAME: Ellen ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-05-1033
17. INFORMANT & ADDRESS: Marion Gerhardt 3602 - Tilden St. Brentwood, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arterial Debility — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Senility — 1 yr

DUE TO (C) Bronchial Pneumonia — 4 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2, 1955, to 5-7, 1955, that I last saw the deceased alive on 5-6, 1955, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE W. Mooney M.D. ADDRESS Kent Clinic, Md. DATE SIGNED 5-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/10/55
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem.
LOCATION (City, town, or county) (State): Colmar Manor Md. Prince Georges Co.

DATE REC'D BY LOCAL REGISTRAR: May 9, 1955
REGISTRAR'S SIGNATURE: Amanda Denney
24. FUNERAL DIRECTOR ADDRESS: Bailey Funeral Home, Inc. 3206 - Rhode Island Ave. Mt. Rainier, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04911

4997

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince George's General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham Hills X
STREET ADDRESS (If rural give location) 4921-72nd Avenue

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) L. (Last) LeCompte

4. DATE OF DEATH: (Month) 5 (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-26-1886

9. AGE last birthday: 68 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (Unknown) Spicer

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 579-20-8053

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
171X
IMMEDIATE CAUSE (A) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
ANTECEDENT CAUSE (B) DUE TO Carcinoma of cervix — 4 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2, 1955, to 5-10, 1955, that I last saw the deceased alive on 5/9, 1955, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 2409 Vannest DATE SIGNED 5/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5/13/1955 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. — LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR 5/11/55 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co — ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04912

4918

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (In this place) 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Ge. Gneral Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier; STREET ADDRESS (If rural give location) 3406 Newton St.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Donald (Last) Leighton

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 5, 1901

9. AGE last birthday: 53 yrs; IF UNDER 1 YEAR: Months 11, Days 27; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Rug Shampoo

11. BIRTHPLACE (State or foreign country): Mass. —

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Edward Connelly

14. MOTHER'S MAIDEN NAME: Sarah Leyden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Donald Lee Leighton, 3406 Newton St. Mt. Rainier, Md. Son

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0

IMMEDIATE CAUSE (A) Pulmonary edema, Heart Failure. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) OUE TO (B) Cirrhosis of liver.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO (C) Peliendritis - Hydrothorax

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINOINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNOERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE OIO INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW OID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 2:20 PM, from the causes and on the date stated above.

SIGNATURE Leon L. Gallin M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/5/1955 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'O BY LOCAL REGISTRAR: May N 1955 | REGISTRAR'S SIGNATURE Amanda Downey | 24 FUNERAL DIRECTOR'S ADDRESS Hartig Funeral Home, Inc. 3200 Rhode Island Ave. Mt. Rainier, Md.

4935

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 01913

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4424 St. Barnabas Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 4424 St. Barnabas Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Arthur	Lusby	May	30	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	2/24/83	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinist	Retired	Washington, D.C.	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James E. Lusby	Olivia Sophia Preston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Newell Lusby 32 Mayer Drive Suffern, N. Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary thrombosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardiovascular renal disease	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

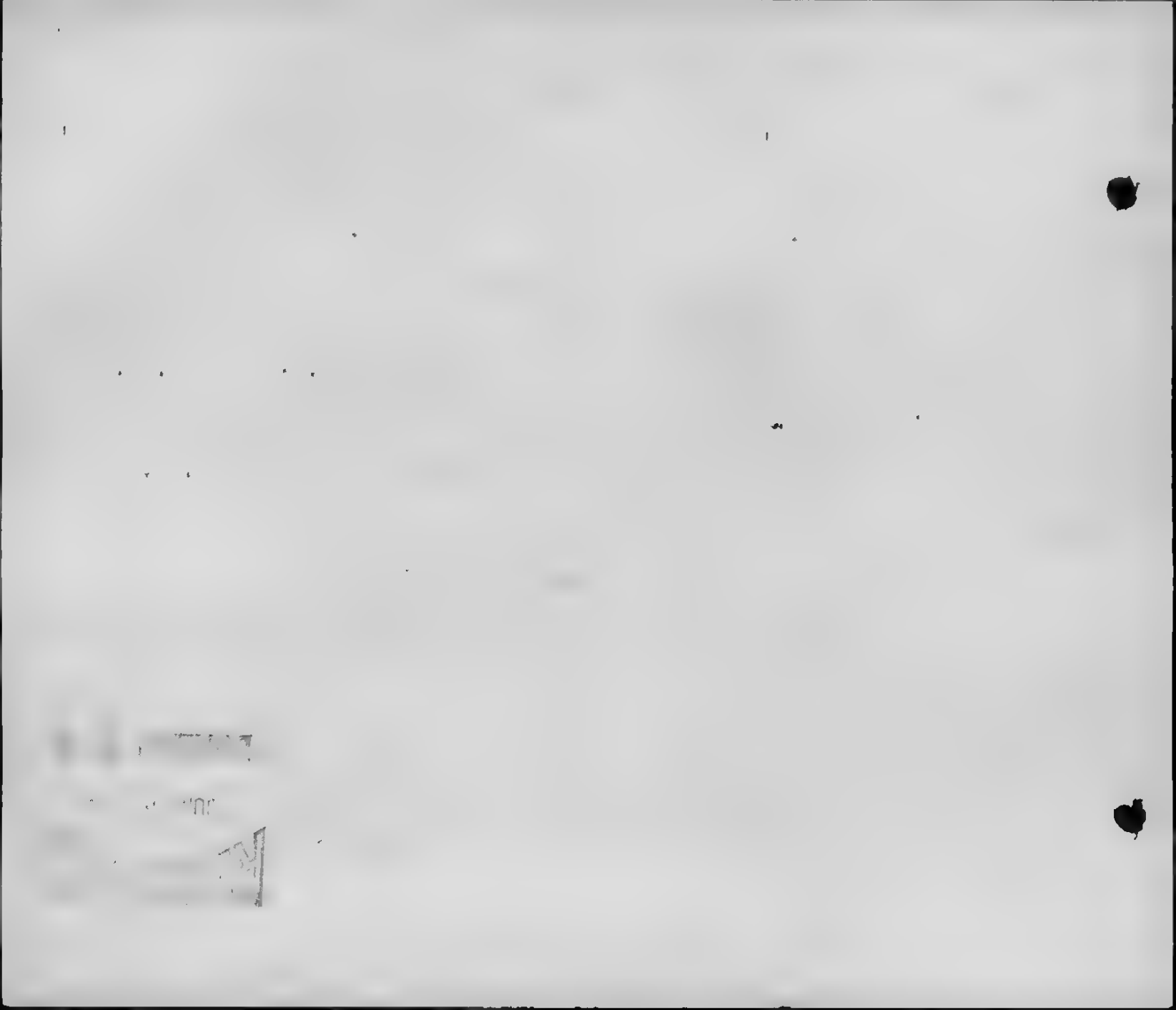
22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Samuel H. Lamb M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5/30/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6/1/1955	Washington Natl	Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 30-1955	Edna F. Gelus	Gude & Mattingly	131-11th St SE Wash DC

VS. A15A - 5 - 53



04914

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4936

CERTIFICATE OF DEATH

Reg. Dist. No. 442

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6506 Marlboro Pike S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 6506 Marlboro Pike S.E.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year) 19
	Henry	Werner	Maske	5	19	55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widower	10/20/81	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Truck	Maryland	U.S.A.

13. FATHER'S NAME: Carl Maske

14. MOTHER'S MAIDEN NAME: Henrietta Zutaz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Justina Hebber, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia

(c) Poison ivy dermatitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 1, 19 55, to May 19, 19 55, that I last saw the deceased alive on May 19 19 55 and that death occurred at 9:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James H Boyd	M. D.	Forestville, Md.	5/19/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	5-23-55	Epiphany Cemetery	Forestville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 20, 1955	Lorrie Campbell	W. W. Chamberlin Co.	Washington, D.C.

4937

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04915

Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Suitland
LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Suitland Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland X
STREET ADDRESS (If rural give location) 4500 Suitland Rd., 1

3. NAME OF DECEASED: (First) RICHARD (Middle) F. (Last) McCORMICK
4. DATE OF DEATH: (Month) May (Day) 15, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: January 6, 1874
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick McCormick
14. MOTHER'S MAIDEN NAME: Bridgett McAllister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: 700 N.Car.Ave, Margaret M.McCormick S.E.-Wash,DC

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

59½ X
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease
DUE TO

ANTECEDENT CAUSE (B) Chr Rheumatic Myocarditis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. -no

19A. DATE OF OPERATION: -no
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1955, to May 15, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 6:25 P M, from the causes and on the date stated above.

SIGNATURE C. Reece Bozeman M.D. ADDRESS 301-8th N E DATE SIGNED 5/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 18, 1955
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR May 16-1955
REGISTRAR'S SIGNATURE Edna F. Gallus

24. FUNERAL DIRECTOR
ADDRESS 317 Penna. Ave., S.E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04916

4909

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND Md
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 28 Cheverly Md
LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2601 Chaplain. 11 Sacorda Rest. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. COUNTY D C.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47x
STREET ADDRESS (If rural, give location) 815 Buchanan St. N.W.

3. NAME OF DECEASED: (First) JULIA (Middle) LOUISE (Last) McGINNESS
4. DATE OF DEATH: (Month) MAY (Day) 10 (Year) 1955

5. SEX: FE
6. COLOR OR RACE: WH
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED
8. DATE OF BIRTH: APRIL 26, 1873
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): A.W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WASH. D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edw. S ~~Thomas~~ O'CONNOR
14. MOTHER'S MAIDEN NAME: MARY HERBERT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: JOHN McGINNESS 808—1722-19 N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 420.1 DUE TO PULMONARY CONGESTION — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO CORONARY SCLEROSIS — YEARS
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. ..., 1954, to MAY 10, 1955, that I last saw the deceased alive on MAY 10, 1955, and that death occurred at 5 P.M., from the causes and on the date stated above.
SIGNATURE David Doyle M.D. M. D. ADDRESS 2140 Pa. Ave. Wash. D.C. DATE SIGNED 5-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/13/55
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
LOCATION (City, town or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 5/10/55
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: P. Gaffney
ADDRESS: 475 H St N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04917

4933

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince Geo MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Temple Hills
LENGTH OF STAY (in this place) 05 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr Geo's Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Temple Hills
STREET ADDRESS (If rural give location) 4941 - Temple Hill Road 1 S.E

3. NAME OF DECEASED: (Type or Print) (First) EuLALie (Middle) MAY (Last) MEYERS

4. DATE OF DEATH: (Month) May (Day) 27th (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Jan 15-1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Fort Foote Md.

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Albert a prevost

14. MOTHER'S MAIDEN NAME: Louisa Dunnington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: William T. Meyers 4941 - Temple Hill Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary thrombosis & Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Diabetes Mellitus — 8 yrs.

(C) Cerebral Embolism — 1 day

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19..., to 5-27.., 1955, that I last saw the deceased alive on 5-27... , 19 55, and that death occurred at 11 40 P.M, from the causes and on the date stated above.

SIGNATURE John P. Duffy M.D. ADDRESS 4223 Silver Hill Rd DATE SIGNED 5-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF May 30-1955 — NAME OF CEMETERY OR CREMATORY St Barnabas — LOCATION (City, town, or county) (State) Silver Hill Maryland

DATE REC'D BY LOCAL REGISTRAR May 29-55 — REGISTRAR'S SIGNATURE Edna F. Gillis

24. FUNERAL DIRECTOR Inman Bros — ADDRESS 1661 Good Hope Rd East SE

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4939

04918 243

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Glenn Dale (rural)

LENGTH OF STAY (in this place): 6 mos & 26 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 08 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D. C. COUNTY: -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 3721 S. Dakota Ave., N. E.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Milton T. Moore	May 27 1955	Male	White	Widowed	11/20/1890	64 yrs.	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Truck driver	Fred Drew Construction Co.	Fairfax, Va.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Moore	Alice Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No -	Unknown	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

1002x.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis - Miliary — 7 mo

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
-		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from November 19 54, to May 27, 19 55, that I last saw the deceased alive on May 27, 19 55, and that death occurred at 6 05 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel Lee Duncans	M.D.	Glenn Dale Hospital Glenn Dale, Md.	5/27/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/31/55.	Cedar Hill	Suitland	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/27/55	Mae Weir	P.J. Gaffell	Washington D.C.

4910

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04919 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 5432 - Macbeth Street

3. NAME OF DECEASED: (Type or Print) (First) Larry (Middle) Blake (Last) Murphy

4. DATE OF DEATH (Month) 5 (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sing

8. DATE OF BIRTH: 8-1-1954

9. AGE Last birthday: 4 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William C. Murphy, Jr.

14. MOTHER'S MAIDEN NAME: Mable Margaret Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mother - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Strangulation (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home

21c. (City or town) Bladensburg - Pr. Geo. (County) (State) Md

21d. TIME OF INJURY (Month) 5 (Day) 5 (Year) 55 (Hour) 8:40 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Fell from crib. Wide impression between mattress & frame

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5-8-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5-10-55

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 5/10/55

REGISTRAR'S SIGNATURE Amanda L. Burney

24. FUNERAL DIRECTOR J. Harold Sons - Hyattsville, Md. ADDRESS

20842 1417

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

7038

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4884

CERTIFICATE OF DEATH

04940

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Prince George | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 15 Hyattsville
LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 725 Sheridan st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. | COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural give location): 725 Sheridan st. .5 1

3. NAME OF DECEASED: (Type or Print) (First) Erich (Middle) Willy (Last) Mrozek

4. DATE OF DEATH: (Month) 5 (Day) 3 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 10-1894

9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired: Capt. of Waiters

10b. KIND OF BUSINESS OR INDUSTRY: Shorham Hotel

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No | **(If Yes, give war or dates of service):** —

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Annie E. Mrozek 725 Sheridan St. Hyattsville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Coronary occlusion — Interval Between Onset And Death: 50 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis —
DUE TO (c)

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1947 to May 1955, that I last saw the deceased alive on 3 May 1955, and that death occurred at 5:10 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. Lucas M.D. 1028 Conn. Ave. N.W. 3 May 55

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 5/5/55 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery | LOCATION (City, town, or county) (State): Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 5/3/55 | REGISTRAR'S SIGNATURE: Amanda Downey Mrs. Jas. Moore B

24. FUNERAL DIRECTOR: S.H. Hines Co. | ADDRESS: 2901-14th St. N.W. Wash. D.C.

VS. A15

4940

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04921

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X TUXEDO
LENGTH OF STAY (in this place) 2yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5904 ~~AVE~~ ARBOR ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TUXEDO X
STREET ADDRESS (If rural give location) 5904 ARBOR ST.

3. NAME OF DECEASED: (Type or Print) (First) JUANA (Middle) (Last) NIEVES

4. DATE OF DEATH: (Month) MAY (Day) 26 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 11/6/1889
9. AGE last birthday 65 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SAN JUAN PUERTO RICO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SECUNDINO RODRIGUEZ
14. MOTHER'S MAIDEN NAME: MARTINA ALICEA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS. MARIA ROY (DAUGHTER) 5904 ARBOR ST TUXEDO, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) GENERALIZED ARTERIOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: 3 YRS

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19 48 to MAY, 1955, that I last saw the deceased alive on 5/25, 19 55, and that death occurred at 4:00A M, from the causes and on the date stated above.

SIGNATURE Joseph C. Rawlings Jr. M.D. ADDRESS 6124 CENTRAL AVE. CAPT. HGTS. DATE SIGNED 5/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5/28/1955
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/26/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Robert A Mattingly
ADDRESS 131-11th St S E Washington DC

VS. A11—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a[illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04922

4911

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly.
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural give location) 69 Addison Rd

3. NAME OF DECEASED: (Type or Print) (First) Steven (Middle) (N.M.N.) (Last) Noll

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 18/1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber - Retired

10B. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Hungary -

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Noll

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Elizabeth Noll - 69 Addison Road Seat Pleasant Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

572.1 IMMEDIATE CAUSE (A) Diffuse Peritonitis

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Perf Sigmoid Diverticulum

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis Ht + Left Inguinal Hernia

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1955 to May 15, 1955 that I last saw the deceased alive on May 15, 1955, and that death occurred at 2 40 PM, from the causes and on the date stated above.

SIGNATURE William Brannin, M.D. ADDRESS 6104 Central Ave, Capitol Hts Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/18/1955

NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

LOCATION (City, town, or county) (State) Suitland Pr. Geo. Co. Md

DATE REC'D BY LOCAL REGISTRAR May 20 1955

REGISTRAR'S SIGNATURE Amanda [illegible]

24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04923

4912

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write 'RURAL' and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place) 38 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md. - 15
STREET ADDRESS (If rural give location) 3910 Oneida Place

3. NAME OF DECEASED: (Type or Print) (First) Marlin (Middle) (Last) Osborn

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 16, 1906

9. AGE last birthday 49 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk Ft Belvoir Va

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Orls Osborn

14. MOTHER'S MAIDEN NAME: Minnie Bell Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4200

IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (B) DUE TO Arterio-sclerotic Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19, 19 55, to 5/20, 19 55; that I last saw the deceased alive on 5/19, 19 55, and that death occurred at 1:45 AM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS College Park Md. DATE SIGNED 5/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) transportation

DATE THEREOF May 22, 1955

NAME OF CEMETERY OR CREMATORY Indianapolis

LOCATION (City, town, or county) (State) Indiana

DATE REC'D BY LOCAL REGISTRAR May 22, 1955

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR & ADDRESS Leach's Sons Hyattsville, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4941

04924

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

Items 11 12 Fil-6181 5-10-55 et

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland — LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5400 Suitland Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hill Crest Heights
STREET ADDRESS (If rural, give location) 2212 - Alemeon ST S. E.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) C. (Last) PETERSON
4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb 8 1872
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? Sweden

13. FATHER'S NAME: Alfred Werme
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Edward a. peterson 2212 - Alemeon St S E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary occlusion AS PER

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 2 yrs (b) 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955, to May 12, 1955, that I last saw the deceased alive on May 4, 1955, and that death occurred at 11.30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward A. Peterson 2212 Alemeon St S E

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 12-55
NAME OF CEMETERY OR CREMATORY: New Swedish Cemetery
LOCATION (City, town, or county) (State): Worchester Mass

DATE REC'D BY LOCAL REG.: May 10-55
REGISTRAR'S SIGNATURE: Edna F. Gilmore
24. FUNERAL DIRECTOR: Simmons Bros Mortuary Inc
ADDRESS: 1661 - Good Hope Rd SE

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 8, Film G183, 6/30/55 fcy

4913 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04925 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place) 14 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 6816 Annapolis Rd.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Ellen (Last) Powell
4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	W.	Sing.	12-1-1950	4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		N. Carolina	U.S.A.

13. FATHER'S NAME: Allen Douglas Powell
14. MOTHER'S MAIDEN NAME: Jacqueline O'Hanlan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Jacqueline Powell Landover Hills, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intracranial hemorrhage & shock — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Multiple cerebral lacerations & contusions

DUE TO

(c) Fractured skull.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
5-16-55	Fractured skull - subdural hemorrhages	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
		Landover Hills, Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
5-16-55 1:40 P.M.		Struck by automobile.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-18-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 20/55	Mt. Olivet Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/19/55	Amanda Downey	F. Gasch's Sons	Hyattsville Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4914 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04926

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 38 Beverly
LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) (Last) Proctor

4. DATE OF DEATH: (Month) 5 (Day) 10 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-8-55

9. AGE last birthday — yrs. IF UNDER 1 YEAR: Months — Days 2 IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Proctor

14. MOTHER'S MAIDEN NAME: Lenevoe Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: James Proctor Clinton, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 IMMEDIATE CAUSE (A) Congenital Heart disease DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute Cardiac collapse DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8 1955, to 5/10 1955, that I last saw the deceased alive on 5/10 1955, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE J. H. Christensen M.D. ADDRESS College Park DATE SIGNED 5/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/13/55

NAME OF CEMETERY OR CREMATORY St Johns

LOCATION (City, town, or county) Clinton (State) Md

DATE REC'D BY LOCAL REGISTRAR May 16, 1955

REGISTRAR'S SIGNATURE Amanda Downey R

24. FUNERAL DIRECTOR Hamtt & Pyson ADDRESS Waldorf, Md

20F52653O4

4942

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 04924

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 232

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Rt 301

3. NAME OF DECEASED: (First) William (Middle) Louis (Last) Proctor
4. DATE OF DEATH (Month) May (Day) 15 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	Sept 4, 1904	50 Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer (Tobacco	Farmer	Maryland	U S

13. FATHER'S NAME: William Proctor
14. MOTHER'S MAIDEN NAME: Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			Elizabeth Proctor, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardiovascular renal disease	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D Ford M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM ☑
DATE SIGNED 5-15-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/18/55	St. John's Catholic	Clinton Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 17 1955	John F. Danner.	Ritchie Bros. Upper Marlboro, Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4943 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04928

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Prince George COUNTY MARYLAND STATE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cottage City
LENGTH OF STAY (in this place): 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3712 Parkwood Street

2. USUAL RESIDENCE (HOME) OF DECEASED: Prince Georges COUNTY
STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cottage City
STREET ADDRESS (If rural give location): 3712 Parkwood Street

3. NAME OF DECEASED: (First) Charles (Middle) Edwin (Last) Pumphrey
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 5, 1875	79 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	Self	Maryland	USA

13. FATHER'S NAME: James T. Pumphrey
14. MOTHER'S MAIDEN NAME: Elizabeth Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	214-12-7359	Edwin Deavers- Cottage City, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Arteriosclerotic Heart + Kidney Disease — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Parkinsonian Syndrome
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1955, to May 28, 1955, that I last saw the deceased alive on 5/23, 1955, and that death occurred at ..... , from the causes and on the date stated above.

SIGNATURE (Degree or title) Leo Niagara M.D. ADDRESS 321-38th Ave Cottage City, Md. DATE SIGNED 5/26/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/26/55	Cedar Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/24/55 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Francis Gasch's Sons ADDRESS Hyattsville, Md.

VS. A15

4915

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 04022

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cheverly — LENGTH OF STAY (in this place) 28 D. 6.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 3706 - Shepherd Street

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) M.c Cloud (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year) 5 - 26 - 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1-29-86

9. AGE Last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto. repair

11. BIRTHPLACE (State or foreign country): S. Carolina

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Laurie Polly Reed.

14. MOTHER'S MAIDEN NAME: Katie Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-26-4407

17. INFORMANT & ADDRESS: Elizabeth Hudlow — 7921 W. Park Drive Hyattsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 31. 1955

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Lanham Md

DATE REC'D BY LOCAL REGR. 6/29/55

REGISTRAR'S SIGNATURE Amanda Mooney

24. FUNERAL DIRECTOR F. Gaschi Sons — ADDRESS Hyattsville, Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4915

CERTIFICATE OF DEATH

Reg. Dist. No. 04939 345

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lewisdale - md
STREET ADDRESS (If rural give location) 2207 Hannon St

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E (Last) Riedel

4. DATE OF DEATH: (Month) 5 (Day) 21 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): wid | 8. DATE OF BIRTH: 5-22-81 | 9. AGE last birthday: 73 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) General accounting | 10B. KIND OF BUSINESS OR INDUSTRY: U.S. Gov. | 11. BIRTHPLACE (State or foreign country): Penn. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Riedel | 14. MOTHER'S MAIDEN NAME: L. Kromer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Kathryn Riedel (Daughter)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332.X IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO General arteriosclerosis 5 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1955, to May 21, 1955, that I last saw the deceased alive on May 21, 1955, and that death occurred at 6 45 P.M. from the causes and on the date stated above.

SIGNATURE L W Nealer ADDRESS M.D. Riverdale, Md DATE SIGNED 5-21-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 24. 1955 | NAME OF CEMETERY OR CREMATORY Home Cemetery | LOCATION (City, town, or county) (State) Hallastown, Pa.

DATE REC'D BY LOCAL REGISTRAR May 23, 1955 | REGISTRAR'S SIGNATURE Mrs. Jas. Devere Deputy Registrar | 24. FUNERAL DIRECTOR Joseph Gasch & Son | ADDRESS Hyattsville, Md.

4944

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04931

Reg. Dist. No. 243

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: X Glenn Dale (RURAL)
LENGTH OF STAY (in this place): 7 mo., 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OR Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 47X-3
STREET ADDRESS (If rural, give location): 1744 Florida Ave., N.W.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) J (Last) ROACHE

4. DATE OF DEATH: (Month) ✓ (Day) 24 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 12/18/77

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Natural Bridge, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Newman Roache

14. MOTHER'S MAIDEN NAME: Sallie Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 332 X Left Cerebral Thrombosis, middle cerebral artery	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cerebral Arteriosclerosis	unknown
	(c) DUE TO 002 X:	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 10 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6, 19 54, to 5-24, 19 55, that I last saw the deceased alive on 5-24, 19 55, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Fonticano (DEGREE OR TITLE) M.D. ADDRESS: Glenn Dale Hospital, Glenn Dale, MD DATE SIGNED: 5/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 5/26/55

NAME OF CEMETERY OR CREMATORY: -

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 5/24/55

REGISTRAR'S SIGNATURE: Mol Wern

24. FUNERAL DIRECTOR ADDRESS: W. Ernest Jarvis Co Washington DC

1917

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 04932

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (In this place) Dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen'l Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome
STREET ADDRESS (If rural, give location) X /

3. NAME OF DECEASED: (Type or Print) (First) Carroll (Middle) Marie (Last) Robinson

4. DATE OF DEATH (Month) 5 (Day) 29 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: March 1, 1954

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luzon Robinson

14. MOTHER'S MAIDEN NAME: Grace West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Luzon Robinson, Croome, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Bronchopneumonia DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H. Bond M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5/30/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6-1-55

NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

LOCATION (City, town, or county) (State) Bradbury Heights Md

DATE REC'D BY LOCAL REG. 6-1-55

REGISTRAR'S SIGNATURE M. E. Thorsch Amanda Downey

24. FUNERAL DIRECTOR Hunt & Ryon

ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4918

CERTIFICATE OF DEATH

04933

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges - MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Ge. -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park - 14
STREET ADDRESS (If rural give location) 4409 Osage St. 1

3. NAME OF DECEASED: (First) Kenneth (Middle) (Last) Schiavone (Type or Print)

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1955

5. SEX: Mnk | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 5.13.54. | 9. AGE last birthday: yrs. 11 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John schiavone | 14. MOTHER'S MAIDEN NAME: Ethel Colwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Hospital Records, Cheverly Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

525X

IMMEDIATE CAUSE (A) Interstitial Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hyperpyrexia — 9 hrs.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1955, to 5-8., 1955, that I last saw the deceased alive on 5-8., 1955, and that death occurred at 6:04 A M, from the causes and on the date stated above.

SIGNATURE Ben H McConnell M.D. | ADDRESS Bel Grade, Md. | DATE SIGNED 5-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/10/55 | NAME OF CEMETERY OR CREMATORY George Washington | LOCATION (City, town, or county) (State) Hyattsville, Md

DATE REC'D BY LOCAL REGISTRAR 5/10/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR & ADDRESS F Gracia Sons Hyattsville, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4919

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 04934

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

6089

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) 6708 Auburn Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) Lewis (Last) Service

4. DATE OF DEATH (Month) 5 (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 30, 1909

9. AGE last birthday: 45 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): W. Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George Albin Service

14. MOTHER'S MAIDEN NAME: Lola B. Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Gertrude Mae Service Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md.) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5/9/55

NAME OF CEMETERY OR CREMATORY Hill

LOCATION (City, town, or county) (State) Charles Town W. Va.

DATE REC'D BY LOCAL REG. 5/6/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Hysong Funeral Home

ADDRESS 1300 N - H NW Washington DC

4945

Item 13 Revised 2-1-55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 04935

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Suitland

LENGTH OF STAY (in this place) Transient

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suitland Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 47X-3

STREET ADDRESS (If rural, give location) 607 6th Street S.W. √

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elizabeth	Matilda	Sheaffer	May	4	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	4/14/23	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Food Handler	Meat Packing	Washington, D.C.	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Edward Sheaffer	Virginia Hale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	579-20-8823	Margaret Josephine Sheaffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

795.3

Immediate cause (a) Natural causes, undetermined — Interval between onset and death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) (Body found badly decomposed - last seen alive 2-17-55)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐X Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H Boyd M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5/6/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/6/55	Pr.Geo Co.Alms Hs.Cem.	Ritchie Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 8, 1955	Carrie Campbell	Ritchie Bros.	Upper Marlboro, Md.

VS. A15A - 5 - 53

4946

04936
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn — LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8608 Baltimore Boul

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berwyn - College Park
STREET ADDRESS (If rural, give location) 8608 Baltimore Boulevard.

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) Clinton (Last) Slemp

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1955

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 4-23-05 — 9. AGE last birthday: 46 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Inspector — 10b. KIND OF BUSINESS OR INDUSTRY: Flight training — 11. BIRTHPLACE (State or foreign country): Tennessee — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Clinton — 14. MOTHER'S MAIDEN NAME: Sallie B. Nave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. — (If Yes, give war or dates of service) A.A.F. 19 — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

860 X
Immediate cause (a) Hemorrhage and shock — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Multiple lacerations and fractures
DUE TO
(c) of body.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: — 19b. MAJOR FINDING OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. — 21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home-Garage — 21c. (City or town) Berwyn - Pr. Geo. (County) (State) Md.

21d. TIME (Month) May (Day) 1 (Year) 1955 (Hour) A.M. P.M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ — 21f. HOW DID INJURY OCCUR? Struck by propellers while repairing Aeroplane

22. I hereby certify that I took charge of the remains described above, held an autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 5-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5-5-55 — NAME OF CEMETERY OR CREMATORY Bristol Cemetery — LOCATION (City, town, or county) Bristol (State) Va.

DATE REC'D BY LOCAL REG. May 3 1955 — REGISTRAR'S SIGNATURE Price D. Smith — 24. FUNERAL DIRECTOR E. Bassler Sons — ADDRESS Hyattsville, Md.

4920 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04937
Item 14, See Birth Cert.

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place) 38 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Vinson Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rockville
STREET ADDRESS (If rural give location) 11 Vinson Lane

3. NAME OF DECEASED: (Type or Print) (First) Eugene (Middle) Smith (Last) Twin I

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 1955

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 4-21-55
9. AGE last birthday yrs
IF UNDER 1 YEAR: Months Days 26
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Earl Smith
14. MOTHER'S MAIDEN NAME: Bernice Pearson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
(A) Multiple miliary lung abscesses — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (B):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Bronchopneumonia, bilateral — 1 week.
DUE TO (C) Aspiration ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 , to 5/16 , 1955, that I last saw the deceased alive on 5/16 , 1955, and that death occurred at 3:20 M, from the causes and on the date stated above.
SIGNATURE Julius Pulsinelli M. D. ADDRESS 5301 Hamilton St, Hyattsville Md DATE SIGNED 5/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 19, 1955
NAME OF CEMETERY OR CREMATORY Colesville Md
LOCATION (City, town, or county) (State) Forest Hope Md

DATE REC'D BY LOCAL REGISTRAR 5/11/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md

214.—6-414

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4947 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0493 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Park
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1114-70th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Park
STREET ADDRESS (If rural, give location) 1114-70th Ave

3. NAME OF DECEASED: (Type or Print) (First) Lana (Middle) Virginia (Last) Smith

4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 15, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Henderson

14. MOTHER'S MAIDEN NAME: Jane Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Samuel Duncan 1207-70th Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis -

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5-7-55 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. May 3, 1955 — REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR H. L. Washington & Sons — ADDRESS 467 N St. N.W. Wash. D.C.

VS. A15A - 5 - 53

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

04939

4921

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Pr. Geo. Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bladensburg
LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4908 Upshur St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg X
STREET ADDRESS (If rural give location) 4908 Upshur St.

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) Estella (Last) Snell
4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow.
8. DATE OF BIRTH: 16 Jan 1873
9. AGE last birthday 82 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Snell
14. MOTHER'S MAIDEN NAME: Mary ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Lillian Wellbourne Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.7
IMMEDIATE CAUSE (A) Cardiac insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSE (B) DUE TO High blood pressure — 3 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Spastic — 82 yrs

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15 55, 19 to May 18, 1955, that I last saw the deceased alive on May 18, 1955, and that death occurred at 7:20 P M, from the causes and on the date stated above.
SIGNATURE W. J. Hudson M. D. ADDRESS Laurel Md DATE SIGNED 5-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF 5-24-55 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery | LOCATION (City, town, or county) (State): N.E. Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 5/22/55 | REGISTRAR'S SIGNATURE Amanda L. Veazey | 24. FUNERAL DIRECTOR: Crown Funeral Home | ADDRESS 5 L St N.W. Washington D.C.

4890

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04340 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lokona Park Md; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Sligo Mill, Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN East Riverdale, Md; STREET ADDRESS (If rural, give location) 6221 - 61st Place

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Sullivan

4. DATE OF DEATH (Month) 5 (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan 12, 1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Landscape Gardner

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: John Henry Sullivan

14. MOTHER'S MAIDEN NAME: Louisa Kendall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 577-26-7201

17. INFORMANT & ADDRESS: Inez Sullivan - Seabrook, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Daughter in law

4437

Immediate cause (a) Acute pulmonary edema

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Congestive heart failure

DUE TO

(c) Hypertensive heart disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 7, 1955

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town, or county) Prince Georges County (State) Md.

DATE REC'D BY LOCAL REG. May 4 1955

REGISTRAR'S SIGNATURE Mrs. Jas. Lovese Deputy Registrar

24. FUNERAL DIRECTOR J. Arthur Dallas

ADDRESS 254 Farrell St.

Jw 9.6039

(mabel vaughn)

wf Agnes Louise Sullivan

MARYLAND STATE DEPARTMENT OF HEALTH

4881

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04941

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (In this Place) 14 Yrs. 2 mon
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4315 Rowalt Dr. Apt.101

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4315 Rowalt Dr. Apt.101

3. NAME OF DECEASED (Type or Print): (First) NORVAL (Middle) THOMAS (Last) SULLIVAN

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 23, 1894

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY: Norman Ford Co

11. BIRTHPLACE (State or foreign country): Columbus Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alex Sullivan

14. MOTHER'S MAIDEN NAME: Minnie Jane Clapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: 350-16-9531

17. INFORMANT: Mrs. L.M.Sullivan 4315 Rowalt Dr. College Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X

Immediate cause (a) Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis

(c) Carcinoma of pancreas

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney (Hyattsville Md) M.D. May 26-1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: May 31/1955 | NAME OF CEMETERY OR CREMATORY: Geo. Wash Memorial | LOCATION (City, town, or county), (State): Riggs Rd Ext-Hyattsville P.O, Md

DATE REC'D BY LOCAL REG. May 27-1955 | REGISTRAR'S SIGNATURE John D. Smith

24. FUNERAL DIRECTOR: W.W.CHAMBERS CO. | ADDRESS: RIVERDALE MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4922

CERTIFICATE OF DEATH

04942

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 38 12 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2601 Cheverly Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Columbia Park (Hyattsville)
STREET ADDRESS (If rural, give location) Linden Ave

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) Eleanor (Last) SULLIVAN

4. DATE OF DEATH: (Month) MAY (Day) 14 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 24, 1872

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Doan

14. MOTHER'S MAIDEN NAME: Sarah (Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: J.J. Sullivan-4545 Conngve Washington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIAC-RESPIRATORY FAILURE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIO-VASC. DIS. CVA. (c) GENERALIZED ARTERIOSCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 1954, to MAY 14, 1955, that I last saw the deceased alive on MAY 14, 1955, and that death occurred at 9.15 p.m., from the causes and on the date stated above.

SIGNATURE Max M. Herzberg (Degree or title) M.D. ADDRESS 7016-GREIG ST, SPAT-PLEASANT MD DATE SIGNED 5-14-1955

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF May 17, 1955 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 5/16/55 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS W.W. CHAMBERS CO - RIVERDALE MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

4885

04943

Reg. Dist. No. 24-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH: Dis George Co.

County 15

City or town Upper Marlboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred: 00

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert Co.

City or town Chesapeake Beach R. D. 24 x 2

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Agnes Elizabeth Taylor

3.(b) Social Security Number 1

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Widowed

6.(b) Name of husband or wife Edward Taylor

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1878

8. AGE: Years 76 | Months 10 | Days | If less than one day hrs. min.

9. Birthplace Calvert County Md (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Home

MOTHER FATHER

12. Name Severn Reed

13. Birthplace Calvert County

14. Maiden name Mills

15. Birthplace Calvert County

16. Informant Sarah [illegible]

Address Wyattsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5 25 1955 (month) (day) (year)

Cemetery or crematory St. Edwards

Location Calvert Co

18. Funeral director P. E. Sewell

Address Prince Frederick Md

19. 5 25 55 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1955 at 7:05 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 29 1955 to May 21 1955 and that I last saw h.r alive on May 18 1955

Immediate cause of death Cerebral hemorrhage 1 mo.

Due to Hyp blood pressure 4 yrs

Due to 331 X

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W L Hudson M.D. M. D. or other

Address Laurel Md. Date signed May 21 55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04944

4923

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly, Maryland
LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel, Maryland 41
STREET ADDRESS (If rural, give location) 630 Main Street

3. NAME OF DECEASED: (Type or Print) (First) Evelyn (Middle) A. (Last) Taylor

4. DATE OF DEATH: (Month) May (Day) 7, (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: September 2, 1889
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Price
14. MOTHER'S MAIDEN NAME: Elizabeth Rhode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: 630 Main St. George D. Taylor, Laurel, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Hypertension
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral hemorrhage. 2 months
~~DUE TO~~
(C) Coronary artery disease.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-55, to May 7, 1955, that I last saw the deceased alive on 5-7, 1955, and that death occurred at 10 A. M, from the causes and on the date stated above.

SIGNATURE AND M. D. A. Bonner
ADDRESS Hyattsville Md
DATE SIGNED 5-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 10 1955
NAME OF CEMETERY OR CREMATORY Balt. National Cem.
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR May 9 55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR De Witt Donaldson
ADDRESS Laurel, Md

4924

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 04945 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-54

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly, Md.
LENGTH OF STAY (In this place) 14 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton, X
STREET ADDRESS (If rural give location) — — 1

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) FAIRFAX (Last) Tolson

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 55

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: 11/8/83
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) STATIONARY ENGINEER
10B. KIND OF BUSINESS OR INDUSTRY: D.C. PUBLIC SCHOOLS
11. BIRTHPLACE (State or foreign country): STAFFORD COUNTY, VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL TOLSON
14. MOTHER'S MAIDEN NAME: ELIZABETH BOTTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: JEROME E. TOLSON-1007-Hecel Pl. N.E.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.1 IMMEDIATE CAUSE (A) Toxemia (Uremic) Diabetes — 3 mo

ANTECEDENT CAUSE (B) DUE TO (B) Arteriosclerosis Gangrene — 3 mo

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1955 to 5-21, 1955 that I last saw the deceased alive on 5-20, 19 55 and that death occurred at 5:55 P.M., from the causes and on the date stated above.

SIGNATURE Dan'l Orwat M.D. ADDRESS 5304 Annapolis Rd Bladensburg Md DATE SIGNED 5-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 5/23/1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) (State) Suitland, Pr. Geo. Co. Md

DATE REC'D BY LOCAL REGISTRAR 5/21/55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W. W. Chambers Co.
ADDRESS Riverdale, Md.

4925 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04946

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Item 14 Film 6182 6-17-55 ef

1. PLACE OF DEATH:
COUNTY Prince George | MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo. 16
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park W. Hyattsville 15
STREET ADDRESS (If rural give location) Thorpe St. 2012 Ogle-

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Tremblas
4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 31 May 55
9. AGE last birthday yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John. Tremblas
14. MOTHER'S MAIDEN NAME: Ernestine. Patovillet
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 45 min
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Birth Trauma
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: -/
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1955, to May 31, 1955, that I last saw the deceased alive on May 31, 1955, and that death occurred at 6:45 AM, from the causes and on the date stated above.
SIGNATURE Gordon W. Kelley M. D. ADDRESS Hyattsville, Md DATE SIGNED 6/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/2/55 | NAME OF CEMETERY OR CREMATORY Fort Oberl | LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REGISTRAR 6/2/55 | REGISTRAR'S SIGNATURE Gwendolyn Downey
24. FUNERAL DIRECTOR F. Gracia Sons ADDRESS Hyattsville, Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1943 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04947
Item 7, Film 12 6-1-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 242

Prince George's County

1. PLACE OF DEATH: 6413-Jay St
COUNTY LAURA TRUITT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 6413-Jay St. NE. X 1

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) JANE (Last) TRUITT

4. DATE OF DEATH: (Month) MAY (Day) 8 (Year) 1955

5. SEX: FEMALE **6. COLOR OR RACE:** Col. **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed **8. DATE OF BIRTH:** July 19-1880 **9. AGE Last birthday** 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): **10b. KIND OF BUSINESS OR INDUSTRY:** HOUSEWIFE **11. BIRTHPLACE** (State or foreign country): GEORGIA **12. CITIZEN OF WHAT COUNTRY?** U.S.

13. FATHER'S NAME: Daniel Bryant **14. MOTHER'S MAIDEN NAME:** Cornelia Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** 6409-Jay St NE

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause	(a) Orthostatic Pneumonia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral accident	3 mos
	DUE TO (c) Arteriosclerosis Hemiplegia	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from April 4th, 1955, to May 8th, 1955, that I last saw the deceased alive on May 8, 1955, and that death occurred at 12:30 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) John W. Rout M.D. ADDRESS 330-61st St. NE. DATE SIGNED May 8, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) R **DATE THEREOF** May 8/55 **NAME OF CEMETERY OR CREMATORY** WOODLAWN **LOCATION** (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR May 8, 1955 **REGISTRAR'S SIGNATURE** Grace Campbell

24. FUNERAL DIRECTOR H.S. WASHINGTON **ADDRESS** 467 N.St NW

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

4949

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04948

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hillcrest Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS M

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Heights X
STREET ADDRESS (If rural give location) 5403 - 24th Ave

3. NAME OF DECEASED: (Type or Print) (First) FANNY (Middle) D. (Last) Warren

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 1-4-1866

9. AGE last birthday 89 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ILL.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES M. VAWAGNER

14. MOTHER'S MAIDEN NAME: HARRITT JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Mrs. LaRia Harris 5403-26th Ave. Hillcrest Hgts Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4500

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH several yrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to May 18, 1955, that I last saw the deceased alive on May 16, 1955, and that death occurred at 7:00 PM, from the causes and on the date stated above.

SIGNATURE Geo R Clements M D. ADDRESS [illegible] DATE SIGNED 5/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF May 21, 1955 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 19, 1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR J W Lee Dix — ADDRESS 300-4th St. S.E. Wash. D.C.

4959 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04949 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (in this place) Same
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown Station Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) Franklin (Last) Washington
4. DATE OF DEATH (Month) May (Day) 12 (Year) 1955
5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 23, 1932
9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Janitor
11. BIRTHPLACE (State or foreign country): Croome, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Henry Washington
14. MOTHER'S MAIDEN NAME: Mary Sprigg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mary Washington, Croome, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Stab wound of chest	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Please Identify
21c. (City or town) Forestville (County) P.G. (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 12 55 7 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Stabbed with knife

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE James J. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 5-13-55
NAME OF CEMETERY OR CREMATORY Rollins Funeral Home
LOCATION (City, town, or county) (State) N.E. Washington D.C.
DATE REC'D BY LOCAL REG. 5-13-55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Rollins
ADDRESS Washington D.C.

Amended Certificate

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

0702

VS. A15A - 5 - 53

4951

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04950 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY 7 X
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Canton
STREET ADDRESS (If rural, give location) 435 Walnut Ave

3. NAME OF DECEASED: (Type or Print) (First) Rolland (Middle) Harold (Last) Waymon

4. DATE OF DEATH (Month) 5 (Day) 14 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 9/25/31 | 9. AGE last birthday: 23 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Corps | 11. BIRTHPLACE (State or foreign country): Wheeling W. Va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter H. Waymon | 14. MOTHER'S MAIDEN NAME: Helen Huss Waymon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) now | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Pvt Rolland Corpse Reserves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Crushed Skull DUE TO	
	(c)	

819X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Road | 21c. (City or town) Seat Pleasant (County) Pr G (State) Md

21d. TIME OF INJURY (Month) 5 (Day) 14 (Year) 55 (Hour) 11:35 | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? Jumped out the truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: James H Boyd M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 5-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 5/15/55 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 5/15/55 | REGISTRAR'S SIGNATURE Amanda Downey Carrie Campbell Co | 24. FUNERAL DIRECTOR Rinaldi Funeral Home | ADDRESS 816 H St NE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

0952 04951

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X TOWN Allentown
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7140 Allentown Rd S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Allentown X
STREET ADDRESS (If rural, give location) 7140 Allentown Rd S.E.

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) (Last) Webb

4. DATE OF DEATH (Month) May (Day) 22 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan 16 1881	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Virginia	U.S.A.

13. FATHER'S NAME: Trenton W. Willard

14. MOTHER'S MAIDEN NAME: Elizabeth Rider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs. Helen Webb, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H. Tompkins M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5-22-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-25-55	Washington National Cemetery	Suitland P.O. Md.

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/24/55	[illegible]	E. Hoschle Sons	Hyattsville, Md.

4926 Item 9, Film G181 5-18-5 st

04952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location) 620 - H Street

3. NAME OF DECEASED: (Type or Print) (First) EVANS (Middle) Wesley (Last)

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 27 April 1875

9. AGE last birthday 79 - 80 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Feed Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wesley

14. MOTHER'S MAIDEN NAME: Lelly Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-05-1922

17. INFORMANT & ADDRESS: Evans Wesley Jr, 620 H St Laurel Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 1/1 X

IMMEDIATE CAUSE (A) Edema & Congestion of lungs.

ANTECEDENT CAUSE (B) DUE TO Cancer of Prostate..

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Heart hypertrophy. Congestion of liver

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-20., 1955, to 5-1, 1955, that I last saw the deceased alive on 5-1, 1955., and that death occurred at 6 00 P M, from the causes and on the date stated above.

SIGNATURE R D Bower M. D. ADDRESS Hyattsville Md DATE SIGNED 5-2-55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial | DATE THEREOF May 4 1955 | NAME OF CEMETERY OR CREMATORY Meirtirk Cemetery | LOCATION (City, town, or county) Meirtirk (State) Md

DATE REC'D BY LOCAL REGISTRAR May 3-55 | REGISTRAR'S SIGNATURE Amanda Denney

24. FUNERAL DIRECTOR Ridgly-Selby | ADDRESS 401 Main and Laurel Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

4928

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04954
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 8709 - 48th Place.

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) Russell (Last) White

4. DATE OF DEATH (Month) 5 (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5-28-93

9. AGE Last birthday: 61 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Womens Apparel

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert Russel White Sr.

14. MOTHER'S MAIDEN NAME: Letitia Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: 4005 - Pontiac St. Shirley Sorensen - College Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812 X
Immediate cause (a) Shock — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral concussion & multiple fractures — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street

21c. (City or town) College Park (County) Pr. Geo. (State) Md.

21d. TIME OF INJURY (Month) 5 (Day) 18 (Year) 55 (Hour) 7.00 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Struck by automobile while crossing street.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md.) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 20, 1955

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) Colmar Manor, Md. (State)

DATE REC'D BY LOCAL REG. 5-20-955

REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR Pascha Sons Hyattsville, Md.

ADDRESS

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04953

4927

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
STREET ADDRESS (If rural give location) Box 26

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) West
4. DATE OF DEATH: (Month) 5 (Day) 8 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-4-55
9. AGE last birthday yrs. — IF UNDER 1 YEAR Months — Days 4 IF UNDER 24 HRS. Hours 4 Min. 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Arthur West
14. MOTHER'S MAIDEN NAME: Catherine Pauline Savoy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card & Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.0
IMMEDIATE CAUSE (A) Respiratory Collapse
ANTECEDENT CAUSE (B) DUE TO Aspiration of Mucus ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) 16 (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1955, to 5/8, 1955, that I last saw the deceased alive on 5/7, 1955, and that death occurred at 6:15 A.M., from the causes and on the date stated above.
SIGNATURE E. Christensen M.D. ADDRESS Oaklawn Park DATE SIGNED 5/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 5/18/55
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly (State) Md
DATE REC'D BY LOCAL REGISTRAR 5/25/55
REGISTRAR'S SIGNATURE Amanda Denney
24. FUNERAL DIRECTOR Henry W Penn & Sons ADDRESS Hyatt

2055 No 2.313

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 04955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Pr. Geo's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Forestville
LENGTH OF STAY (in this place) 15 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Marlboro Pike.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville X
STREET ADDRESS (If rural, give location) Marlboro Pike

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) S. (Last) Wohlfarth Sr.

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 18 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edw. S. Wohlfarth, Sr.

14. MOTHER'S MAIDEN NAME: Sarah Vessey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Esther Wohlfarth, Forestville, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Congestive cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Chronic arteriosclerotic myocarditis — unknown

DUE TO (c) General Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — unknown

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Natural

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 5, 1955, to May 2, 1955, that I last saw the deceased alive on May 2, 1955, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Paul O'Connell M.D. Washington 28 D.C. May 2 1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/4/55

NAME OF CEMETERY OR CREMATORY Washington National

LOCATION (City, town, or county) (State) Suitland MD

DATE REC'D BY LOCAL REG. May 4-55

REGISTRAR'S SIGNATURE Edward F. Pullman

24. FUNERAL DIRECTOR Upper Ritchie Bros-Marlboro, MD ADDRESS